

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003964

**Entity Name:** STRIDES PHARMA., INC.

**Current Principal Place of Business:**

2 TOWER CENTER BLVD., STE 1102  
EAST BRUNSWICK, NJ 08816

**Current Mailing Address:**

2 TOWER CENTER BLVD., STE 1102  
EAST BRUNSWICK, NJ 08816 US

**FEI Number:** 46-2953153

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LOUISE BREYTENBACH

09/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name FULLEM, TERRENCE D  
Address 2 TOWER CENTER BLVD., STE 1102  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title DIRECTOR  
Name PILLAI, MOHANA KUMAR  
Address 2 TOWER CENTER BLVD., STE 1102  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title D  
Name KUMAR, VIKESH  
Address 2 TOWER CENTER BLVD., STE 1102  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title DIRECTOR  
Name SANTHANAM, DR. KAUSALYA  
Address 2 TOWER CENTER BLVD., STE 1102  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title SECRETARY, TREASURER  
Name TRIPATHI, RAJ  
Address 2 TOWER CENTER BLVD., STE 1102  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title DIRECTOR  
Name GHOSH, SORMISTHA  
Address 2 TOWER CENTER BLVD., STE 1102  
City-State-Zip: EAST BRUNSWICK NJ 08816

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERRENCE D FULLEM

PRESIDENT

09/15/2023

Electronic Signature of Signing Officer/Director Detail

Date